IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only				
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	JEST: 28
DHS Glenwood Resource Center	S S
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1683	City, State, Zip Code
Area Code & Telephone No.	= = = = = = = = = = = = = = = = = = = =
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
	ሺ <u>.</u>
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
American Legion Auxiliary #703	
Name	-
%Cathy Brown 105 NW 4th St. Bridgewater, IA 50837	
Mailing Address City, State, Zip Code	- 12/10/2010 \$86.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	Tecesiving department of onice. If no value mark 0.00 .
Provide a description of the gift or bequest and purpose thereof:	
86 count hand made felt Christmas stockings for C	liant usa
80 count hand made left Christmas stockings for C	itent use.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	he state or received by the Governor on hehalf of the state
Treesipt of any gift of bodaest that is received by any department of the	the state of received by the Covernor on behalf of the state.
tatement of Affirmation:	
Ruth Messinger	
ssessment of the fair market value (if applicable) is correct and true to	bove is accurate. I further affirm that the information concerning the donor and the best of my knowledge.
	01/04/2011
Lich Messinger	
Signature	Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Iowa Code section 8.7 requires all gifts and bequests gives to or received Disclosure E this report to receipt of the

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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or received by the Governor on behalf of the state be reported to the Disclosure Board and the Government Oversight Committee. The B	o lowa Ethics and Campaign Checked
his report to the Government Oversight Committee. This form is to eceipt of the gift or bequest.	
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	
DHS Glenwood Resource Center	
Name of Department or Office	1wood, IA 51534
	y, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	<u> </u>
	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Fairview Church Working Band	
%Margery Watts 123 NW 3rd St. Stuart, IA 50250-3020	
Mailing Address City, State, Zip Code	12/10/2010 \$150.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
and once a verification may be	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	- I was the same of the same o
Provide a description of the gift or bequest and purpose thereof:	
Check sent and deposited into General Donations categories	gory for Client use.
	•
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the sta	ite or received by the Governor on behalf of the state.
atement of Affirmation:	
Ruth Messinger	io occurate. I further offers that the infe
essment of the fair market value (If applicable) is correct and true to the be	is accurate. I further affirm that the information concerning the donor and est of my knowledge.
1 -	
Cuth Messenger	01/04/2011
Signature	Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign

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Disclosure Board and the Government this report to the Government Oversig	t Oversight Committee Th	ne Board will provide a copy of	Checked
receipt of the gift or bequest.	nt Committee. This form is	to be filed within 20 days of	Computer
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DEPARTMENT OR OFFICE RECEIV	ING THE GIFT OR BEQUE	EST:	
DHS Glenwood Resource Cen	ter		
Name of Department or Office 711 South Vine Street		Glenwood, IA 51534	
Mailing Address		City, State, Zip Code	
Area Code & Telephone No.			<u> </u>
CONTACT PERSON FOR RECIPIEN	T DEPARTMENT OR OFF	ICE:	
Name	12		
Mailing Address (if different from above)		City, State, Zip (if different fr	om above)
Email Address		Area Code & Telephone Nu	mber (if different from above)
DONOR OF GIFT OR BEQUEST:	•		•
GRC employees		_	•
Name 711 S. Vine St	Glenwood, IA 51534		
	City, State, Zip Code	12/16/2010	\$10.20
, and the second	only, orato, zip oode	Date of Gift or Bequest	
Area Code & Telephone Number		.	Amount/Value* .
<u> </u>		"value is defined as "fair mai receiving department or office	ket value" of item as determined by: . e. If no value mark "0.00".
Email Address (optional)			·
Provide a description of the gift or beque	est and purpose thereof		
	• •	41 0 4 5 4 10 6	• •
Pennies collected in jar on the	counter by register in	the Canteen. Donated for C	eneral use.
Criteria to use this form:			
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Receipt of any gift or bequest that is rec	sived by any department of the	e state or received by the Governor on	behalf of the state.
Statement of Affirmation:			
Ruth Messinger	h		
ssessment of the fair market value (if appli	ne gift or bequest reported abo cable) is correct and true to the	ove is accurate. I further affirm that the e best of my knowledge.	information concerning the donor and
Pera Bon	·	. 01/04//	2011
Kith Ihan	MOR	01/04/2	2011

Signature

Date

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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ice.	. If no value mark "0.00".	
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A IN	oformation concerning the donor an	rai .

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center		: ·	25
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534		
Mailing Address 712-525-1683	City, State, Zip Code	·	<u>2</u>
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:		
ONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:		
Name	ENT OR OFFICE:		
	ENT OR OFFICE: City, State, Zip (if different fro	m above)	

DONOR OF GIFT OR BEQUEST:

Mary Cibula	÷			
Name ·				
206 N. Center	Toledo, IA 52342		•	
Mailing Address	City, State, Zip Code	12/21/2010	\$200.00	
Area Code & Telephone Nur	nhor	Date of Gift or Bequest	Amount/Value* .	
Area Code & Telephone Number		*value is defined as "fair ma	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)				

Provide a description of the gift or bequest and purpose thereof:

Assorted mens clothing: pants, sweaters, shirts-for Client use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I. _____affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Viill Messinger
Signature

01/04/2011

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Audited

Signature		Date
Little Pressurge Signature	01/04/	2011
Ruth Messingeraffirm that the gift or bequest reported above is essment of the fair market value (if applicable) is correct and true to the bes	accurate. I further affirm that the st of my knowledge.	e information concerning the donor and
Receipt of any gift or bequest that is received by any department of the state	e or received by the Governor on	behalf of the state.
Criteria to use this form:		
Provide a description of the gift or bequest and purpose thereof: Assorted large boys clothing for Client use.		
Email Address (optional)	<u> </u>	
Area Code & Telephone Number		rket value" of item as determined by
Mailing Address City, State, Zip Code	12/30/2010 Date of Gift or Bequest	\$40.00
14226 S. 30th Ave Bellevue, NE 68123		
Kristin Purington		
ONOR OF GIFT OR BEQUEST:	- 1	
Email Address	Area Code & Telephone Nu	ımber (if different from above)
Mailing Address (if different from above)	City, State, Zip (if different t	rom above)
Name		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
712-525-1683 Area Code & Telephone No.		
Mailing Address City	vood, IA 51534 State, Zip Code	Ω,
DHS Glenwood Resource Center		
EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:		P
oo.pr. or the gift of beddest.		
is report to the Government Oversight Committee. This form is to be ceipt of the gift or bequest.	pard will provide a copy of se filed within 20 days of	Checked